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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/695,084	
Filing Date	October 27, 2003	
First Named Inventor	Benson D. McGann	
Art Unit		
Examiner Name		
Attorney Docket Number	45867-0117	•

P.O.	Box 1450	for Patents U . S 22313-1450	. Pater	nt 7,	008,22	1				
Please withdraw me as attorney or agent for the above identified patent application, and										
∑ al	all the attorneys/agents of record.									
th	the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
th	e attorney	attorneys/agents associated with Customer Number								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practioners associated with a customer number. The reasons for this request are: Withdrawal of representation and transfer of file to the client.										
CORRESPONDENCE ADDRESS										
The correspondence address is NOT affected by this withdrawal.										
2. Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number:										
OR										
Firm o	r	Miles McGann		-						
Address		135 Columbia, Suite 101								
City		Aliso Viejo		State	CA	Zip	92656			
Country		USA								
Telephone				Email						
Signature	Keta	v 1 Palis			··········					
Name	lame Ketan S. Vakil		Registration No.		43,215					
Date	January 4, 2008		Telepl	Telephone No. 714-427-7405		105				
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

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